

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553473

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		2				
11		2				
12		2				
13		1				
14		1				
15		2				
16		2				
17		①				
18		①				
19		①				
20	1					
21	1					
22		1				
23		1				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30	1					
31		1				
32		1				
33		1				
34		1				
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37		1				
38		1				
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41		2				
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50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	51	←		←		←
TOTAL CLAIMS	55					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						